PTO/SB/17 (10-08)

Under the Paperwork Red	action Act of 199	5 no persons are re	ration to r	U.S. Pater	nt and Traden	rark Office; U.S. Di	EPARTMENT OF COMMERC	
EII	ective on 12/08/2	2004.	***********	<b></b>	************	mplete If Kno	·······	
Fees pursuant to the Cons				Application Nu	mber 10	583399	***************************************	
FEE TI	RANS	SMITT	AL.	Filing Date		ly 24, 2007		
For FY 2009				First Named Inventor Soor		on Tae-Ahn		
p-m)				Examiner Name C.S.		S. Kessler		
Applicant claims small entity status. See 37 CFR 1.27				Ari Unit 1742		42	2	
TOTAL AMOUNT OF PAYMENT (\$) 0				Attorney Docke	Attorney Docket No. SAMH100002000		0	
METHOD OF PAYME	NT (check al	I that apply)	***************************************					
CheckCredi	t Card	Money Order	Nos	ne Other (	please Identi	(y):	***************************************	
Deposit Account	Deposit Accour	t Number: 04056	6	Deposit A	ccount Name	DeLio & Pet	erson LLC	
For the above-ide								
Charge fee	(s) indicated be	elow		Chan	no foo(s) ind	icated helow as	cept for the filing fee	
		(s) or underpaym	ents of fe	, , , , ,	t anv overpa			
	FR 1.16 and 1	17					rovide credit card	
formation and authorization	on on PTO-2038		nt card in	ormanon snona n	ot so menua	on this form.	TO VICE CIDUIT CALU	
FEE CALCULATION								
. BASIC FILING, SEA								
						ATION FEES Small Entity		
Application Type	Fee (\$)	Fee (\$)	Fee (\$	1 Fee (\$)	Fee (\$)	Eee.(\$)	Fees Paid (\$)	
Utility	330	165	540	270	220	110	***************************************	
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85	***************************************	
Reissue	330	165	540	270	650	325	*************************	
Provisional	220	110	0	0	0	0		
EXCESS CLAIM FE	EES					Fee (\$)	Small Entity	
Fee Description							Fee (\$) 26	
Each claim over 20 (including Reissues) Each independent claim over 3 (including Reissues)						52 220	110	
Multiple dependent claims						390	195	
Total Claims Extra Claims Fee (\$) Fee Paid (\$)							pendent Claims	
4/20 pd - 20 or HP = HP = highest number of tot	al efetano and de-	X				Fee (\$)	Fee Paid (\$)	
ndep. Claims	Extra Clain			Paid (\$)		***************************************	***************************************	
2/3 pd - 3 or HP ==		x						
HP = highest number of ind APPLICATION SIZE		paid for, if greater t	nan 3.					
If the specification an	d drawings e							
						all entity) for	each additional 50	
sheets or fraction t	Extra Shee	35 U.S.C. 41(a ts Numbe	)(I)(G) t er of each	ind 37 CFR 1,1 additional 50 o	0(S). r fraction th	nereof Fee	(\$) Fee Paid (\$)	
- 100 s		/ 50 =		(round up to a w				
OTHER FEE(S) Non-English Specif	ication, \$1.	30 fee (no smal	l entity o	liscount)			. Fees Paid (\$)	
Other (e.g., late filir	ig surcharge)	·						
DITTEN BY					***************************************			
MITTED BY	11/1	<del>///</del>	T F	Registration No.	4.007	Telephon	Bana zaz orar	
					1,867	Telephone 203-787-0595		
me (Print/Type) Peter W. Peterson						Date 2010-03-15		

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USI to Dispress) an application. Confidentiality is governed by 38 U.S.C. 122 and 37 CFR 1.14f. This collection is estimated to take 30 minutes to complete, including galactering preparing, and submitted perspectives application from the USIPTO. Time the Wary depending on the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for motions, the burstern, chauld be sent to the Chief Information Officer, U.S. Perspectives and Information Officer, U.S. Perspectives and Information Officer, U.S. Perspectives of the USIPTO THIS STATE OF THIS STA ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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